Please type a plus sign (+) inside this box —



BAKER BOTTS LLP

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/841,667
Filing Date	April 24, 2001
First Named Inventor	Viveka Linde
Group Art Unit	2161 CE/1
Examiner Name	(Not Yet Assigned) May
Attorney Docket Number	A35696 - 065865 0198 2 1 20

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified 360 application:				
A Power of Attorney or Authorization of Agent is submitted herewith.				
OR				
Please change the correspondence address for the above-identified application to:				
Customer Number 02-4377- 21 003 Place Customer Number Bar Code Label here				
OR				
Firm or Individual Name				
Address				
Address				
City				
Country State ZIP				
Telephone Fax				
I am the:				
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Name Mats Linde and Viveka Linde				
Signature Mot / Molos				
Date 45 03				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
*Total offorms are submitted.				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BAKER BOTTS LLP Please type a plus sign (+) inside this box EDDS 8 1 YAM

RECEIVED

MAY 21 2003

GROUP 3500 09/841,667 **Application Number** Filing Date April 24, 2001 **POWER OF ATTORNEY OR** First Named Inventor Viveka Linde **AUTHORIZATION OF AGENT Group Art Unit** 2161 **Examiner Name** (Not Yet Assigned) Attorney Docket Number | A35696 - 065855.0198

I hereby appoint:				
Practitioners at Customer Number 21003 OR Practitioner(s) named below:	Place Customer Number Bar Code Label here			
Name	Registration Number			
	<u> </u>			
as my/our attorney(s) or agent(s) to prosecute the application business in the United States Patent and Trademark Office co				
Please change the correspondence address for the above-iden The above-mentioned Customer Number. OR	tified application to:			
Firm or				
Individual Name				
Address				
Address				
City	State Zip			
Country				
Telephone	Fax			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record				
Name Viveka Linde	5			
Signature / // / / / / / / / / / / / / / / / /				
Date 2/1 0 J				
NOTE: Signatures of all the inventors or assignees of record of the entire interest forms if more than one signature is required, see below*.	or their representative(s) are required. Submit multiple			
☐ *Total offorms are submitted.				

BAKER BOTTS LLP

OIPE OF	Please type a plus sign (+) inside this box	→
MAY 1 6 2003		_
TRADE TRADE	DOWED OF ATTORNI	EV OP

GROUP 3600

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/841,667	3600		
Filing Date	April 24, 2001	300		
First Named Inventor	Viveka Linde			
Group Art Unit	2161			
Examiner Name	(Not Yet Assigned)			
Attorney Docket Number	A35696 - 065855.0198			

Practitioners at Customer Number OR Practitioner(s) named below: Name	I hereby appoint:				-		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Mats Linde Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR		21003		→	Number Bar Code	
Please change the correspondence address for the above-identified application to: ✓ The above-mentioned Customer Number. OR ─────────────────────────────────		Name			Registration	Number	
Please change the correspondence address for the above-identified application to: ✓ The above-mentioned Customer Number. OR ─────────────────────────────────				_			
Please change the correspondence address for the above-identified application to: ✓ The above-mentioned Customer Number. OR ─────────────────────────────────				-			
Please change the correspondence address for the above-identified application to: ✓ The above-mentioned Customer Number. OR ─────────────────────────────────				-	.		
Please change the correspondence address for the above-identified application to: ✓ The above-mentioned Customer Number. OR ─────────────────────────────────		 	. <u>.</u> "				
The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: ✓ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96). SIGNATURE of Applicant or Assignee of Record Name Mats Linde Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						d to transact all	
Address Address City State Zip Country Telephone Fax I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Mats Linde Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	The above-mention	•		ntified a	application to:		
Address Address City State Zip Country Telephone Fax I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Mats Linde Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
Address City Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Mats Linde Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Mats Linde Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						7:-	
Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Name Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		<u> </u>		State		ZIP	
I am the: ✓ Applicant/Inventor. — Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				Fay	· · · · · · · · · · · · · · · · · · ·		
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				Tax			•
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	<u> </u>	or.					
Signature Date Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	7,5500000000000000000000000000000000000	•					
Name Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					196).	,	
Name Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		SIGNATURE of A	Applicant or Assign	nee of I	Record		
Date 2/5 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name Mats L	<u> </u>					
Date 2/5 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	777	AN X					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	90	215 03					
	NOTE: Signatures of all the inver	ntors or assignees of recor	rd of the entire interest	or their	representative(s)	are required. Submit r	nultiple
Li Total VI		ms are submitted.					